NORTH CAROLINA
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES
PERSON-CENTERED PLANNING INSTRUCTIONS
TABLE OF CONTENTS

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AND SUBSTANCE ABUSE SERVICES
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I. OVERVIEW

The State Plan: A Blueprint for Change establishes person-centered planning as fundamental to transformation within the mental health/developmental disabilities/substance abuse service system. Person-centered planning is a process of determining real-life outcomes with individuals/families and developing strategies to achieve those outcomes. The process supports strengths and recovery and applies to everyone supported and served in the system. Person-centered planning provides for the individual with or family of a child with the disability assuming an informed and in-command role for life planning, service and support and treatment options. The individual or child/youth and his/her family with a disability and/or the legally responsible person direct the process and share authority and responsibility with system professionals about decisions made. In the case of children and youth with mental health needs, the person-centered planning process is a function of a Child and Family Team.[1]

The key values and principles serving as the foundation of person-centered planning are:

1. Person-centered planning builds on the individual's/family's strengths, gifts, skills, and contributions.
2. Person-centered planning supports personal empowerment, and provides meaningful options for individuals/families to express preferences and make informed choices in order to identify and achieve their hopes, goals, and aspirations.
3. Person-centered planning is a framework for providing services, treatment, supports and interventions that meet the individual's/family's needs, and that honors goals and aspirations for a lifestyle that promotes dignity, respect, interdependence, mastery and competence.
4. Person-centered planning supports a fair and equitable distribution of system resources.
5. Person-centered planning processes create community connections. They encourage the use of natural and community supports to assist in ending isolation, disconnection and disenfranchisement by engaging the individual/family in the community, as they choose.
6. Person-centered planning sees individuals/families in the context of their culture, ethnicity, religion and gender. All the elements that compose a person's individuality and a family's uniqueness are acknowledged and valued in the planning process.
7. Person-centered planning supports mutually respectful and partnering relationships between individuals/families and providers/professionals acknowledging the legitimate contributions of all parties.

The Person-Centered Plan as a Unified Life Plan

The Person-Centered Plan (PCP) is the umbrella under which all planning for treatment, services and supports occurs. Person-centered planning begins with the identification of the reason the individual/family is requesting assistance. It focuses on the identification of the individual's/family's needs and desired life outcomes--not just a request for a specific service. The plan captures all goals and objectives and outlines each team member's responsibilities within the plan.

[1] For more information on this process, go to: http://www.dhhs.state.nc.us/mhddsas/childandfamily/index-new.html

II. THE FRAMEWORK FOR DEVELOPING A PERSON-CENTERED PLAN

A. Person-Centered Thinking

- For people/families being supported by services, it is not person-centered planning that matters as much as the pervasive presence of person-centered thinking. If people/families who use services are to have positive control over their lives, if they are to have self directed lives within their own communities then those who are around the person, especially those who do the day to day work, need to have person-centered thinking skills. Everyone involved in developing person-centered plans needs to have good skills in person-centered thinking, in the value-based skills that underlie the planning. There are a number of reasons for this. Learning and supporting the use of person-centered thinking skills will mean that:
  - √ It is more likely that plans will be used and acted on, so that the lives of people who use services will improve.
  - √ There are a number of ways to get plans started/revised/updated.
  - √ Updating the plans will occur 'naturally', needing less effort and time.
- Every type of person-centered planning is rooted in a person-centered way of thinking. It is made up of a set of value-based skills that result in seeing the person differently and giving a way of acting on what is learned.[2]

B. The Process

- **Meetings:** The planning process may include one or more meetings initiated by the community support staff/case manager, individual, family and/or the legally responsible party. All others identified by the individual/family/legally responsible party are invited to attend or to participate as they are able.
- **Discussions:** Discussions in the meetings include information about life goals and aspirations and the services, treatment and supports/interventions needed to accomplish them.
- **Decisions:** The individual/family/legally responsible parties and professionals determine together which services and supports, including natural supports and community resources and treatments, can best meet the person's identified needs. This includes the amount and duration necessary to achieve the outcomes.
- **Unified Planning:** Since the person-centered plan is the umbrella under which all planning for support and treatment occurs, all facets of treatment and supports provided must be documented within it. All resources, including natural and community, must be included in the plan.
  - √ When agreed upon by the planning participants, separate goals and supports/interventions may be developed by a provider for a specific service.
  - √ Specialized sets of goals must be integrated into the unified person-centered plan by the community support staff/case manager.
  - √ When specialized service specific goals are not part of the initial plan, they may be added when appropriate as an update/revision to the plan.
  - √ Separate plans may not be developed by individual providers.
- **Authorization:** After the person-centered plan is documented, the community support staff/case manager for the individual submits the plan to the identified service authorization agency for review. The service authorization agency reviews the person-centered plan to ensure that treatment, services, supports and interventions are appropriate to meet individual/family needs and meet medical necessity requirements for specified services.

[2] *Essential Lifestyle Planning for Everyone* by Michael W. Smull and Helen Sanderson, 2005, Chapter 1, page 15

C. Required Content

Person-centered planning is a process. Each plan needs to reflect the degree of information available/known at any given time. It is recognized that new plans and/or plans developed by new community support staff/case managers will have less information than those plans that have evolved over a long period of time. Complete the information in this plan as it is gathered and add to the information as more learning takes place.

Every plan must include the following elements:

- **Individual needs, preferences, and desired outcomes** as identified and prioritized by the individual and/or family and/or legally responsible party. (See instructions for interview sections of the plan for more information)
- **Information obtained in the assessment process**, including diagnosis and functional status in life domains.
- **Potential issues of health and safety**, and services and supports to address these issues (a safety net).
- **Priority goals and person-centered measurable outcomes** expressed by the individual/family/legally responsible party/service and support providers.
- **Specific services/supports** to be provided to achieve goals and objectives.
- **Specific strategies/supports/interventions** to be used in delivering the services to achieve the goals and objectives.
- **Frequency and duration** of the specific services/supports.
- Potential resources must be addressed including:
  - √ **Informal Services/Supports –** Every effort should be made to use these resources before paid supports.
    - ➢ **Personal Resources:** The person's own resources, such as special skills or attributes, should be examined and included in the plan.
    - ➢ **Natural Supports:** Natural supports include family, neighbors, co-workers, and friends of the individual/families' choosing. Existing supports should be included if applicable and new ones explored.
    - ➢ **Community Resources:** Community resources are those that exist for any community member's use. Examples include church or faith-based organizations, Boy's or Girl's Clubs, YM or YWCA, special interest or civic groups, sports or any other group available to other community members. Opportunities to connect the individual/family to the community must be explored and offered.
  - √ **Formal Services/Supports** – This is paid assistance provided by professionals or paraprofessionals in the publicly funded system of services who are qualified to provide the specified service.
- **Position name of Individual(s)** responsible for completing or following through with the activities, strategies, interventions, supports, services and/or treatment. If possible, it is recommended to include the staff person's name as it personalizes the plan.
- **Documentation of individuals who participated** as part of the planning team.
- **Documentation of any areas of disagreement** and the steps to address the concerns.
- **Service Order/Confirmation of Medical Necessity for Medicaid Services**
  - √ **Medical necessity** is confirmed via signature of the appropriate professional on the Person-Centered Plan.
  - √ Confirmation of medical necessity constitutes the **Service Order.**
  - √ Services must be ordered/medical necessity confirmed by a licensed physician, licensed psychologist, licensed physician's assistant, or a licensed family nurse practitioner, unless otherwise noted in the Service Definition.
  - √ **There must be an annual review of medical necessity/re-ordering of services.** The first use of this Person-Centered Planning document begins the requirement for

the annual review/re-ordering of services, based on the dated signature of the professional ordering the services.

- **Service Order/Confirmation of Medical Necessity for State-funded Services.**
  - √ **Medical necessity** is confirmed via signature on the Person-Centered Plan.
    - ➢ It is RECOMMENDED, that per the requirements above for Medicaid funded services, the signature of a licensed physician, licensed psychologist, licensed physician's assistant, or a licensed family nurse practitioner be obtained. This will prevent the possibility of services being provided without a service order, should the individual move from state-funded services to Medicaid.
    - ➢ If a professional noted above does not sign confirming medical necessity and ordering the services, it is then REQUIRED that the **person responsible for the plan/clinical hom**e sign the person-centered plan confirming that medical necessity criteria is met for the services included in the plan. *[Note: The person responsible for the plan/clinical home must sign the plan even if the service is ordered per the Medicaid requirement. In this case, the signature is required but does not constitute the service order.]*
  - √ Confirmation of medical necessity constitutes the **Service Order.**
  - √ **There must be an annual review of medical necessity/re-ordering of services.** The first use of this Person-Centered Planning document begins the requirement for the annual review/re-ordering of services, based on the dated signature of the professional ordering the services.

D. Documenting the Person-Centered Plan

- For a new person entering the system, a Person-Centered Plan must be completed within the first thirty days of contact.
- For an individual currently receiving services:
  - √ An Initial Plan is the first use of this planning document.
  - √ When the plan of an individual currently receiving services is next reviewed based on the following characteristics, this planning document must be used:
    - ➢ When the individual's needs change
    - ➢ On or before assigned target dates (not to exceed 12 months)
    - ➢ When a provider changes

PAGE 1

Header (Information filled in on this page will show up on all other pages.)

- **Name**: Enter the person's legal name. For Medicaid recipients, enter the name as indicated on the current Medicaid card.
- **DOB**: Enter the person's date of birth (mm/dd/yyyy).
- **Medicaid ID:** Enter the identification number noted on the person's current Medicaid card. Leave blank for state funded services.
- **Record #:** Enter the record number assigned by the local management entity (LME).
- **Date of Initial Plan:** Enter date.

_____**'s PERSON-CENTERED PLAN**: Enter the person's first and last name.

Person Responsible for Plan: Enter the name of the qualified professional representing the person's *clinical home* and responsible for plan development.

State Funding Only:

- **Service Authorization By**: Enter the signature of the individual authorizing services.
- **Authorization Date**: Enter the date of the above signature.

Box #1:

- **Person's Preferred Name:** The name by which the person prefers to be known if different from his/her legal name.
- **Address**: Enter the person's current street or mailing address.
- **City/State/Zip**: Enter the city, state and zip code for the street or mailing address of the person.
- **Home Phone**: Enter the telephone number for the person's current residence.
- **Work Phone**: Enter the telephone number of the person's worksite, if applicable.

Box #2:

- **LME (Local Management Entity)**: Enter the name of the LME responsible for oversight and monitoring of the person's service system.
- **Primary Care Physician**: Enter the name of the physician responsible for the overall medical care of the person.
- **Medicaid County**: Enter the name of the county from which the person's Medicaid eligibility originates.
- **Medicare/Insurance**: Enter the name and policy number for each insurance company providing health coverage to this individual.

Box #3 CONTACT PERSON(S):

- **Emergency Contact or Next of Kin**: Enter the person's choice of a person to contact in an emergency.
- **Relationship to the Person**: Enter how the emergency contact is related to the person.
- **Address**: Enter the street or mailing address of the emergency contact.
- **City/State/Zip**: Enter the city, state and zip code for the street or mailing address of the emergency contact.
- **Home Phone**: Enter the telephone number for the residence of the emergency contact.
- **Work Phone**: Enter the telephone number of the worksite for the emergency contact, if applicable.
- **Legally Responsible Person**:
  - √ When applied to an adult who has been adjudicated incompetent, this is a guardian;
  - √ When applied to a minor, a parent, guardian, a person standing *in loco parentis* (in the place of the parent when there is verified intent for this person to provide long-term care for the identified minor), or a legal custodian other than a parent who has been granted specific authority by law or in a custody order to consent for medical care, including psychiatric treatment;
  - √ When applied to an adult who is incapable as defined in G.S. 122C-72(c) and who has not been adjudicated incompetent, a health care agent named pursuant to a valid health care power of attorney as prescribed in Article 3 of Chapter 32 of the General Statutes. [NC G.S. 122C-3 (20)]
- **Telephone:** Enter the telephone number where the legally responsible person can be reached
- **If the legally responsible person was appointed, a copy of any applicable supporting legal documents must be attached.**
- **Date of Legal Document**: Enter the date noted on the legal guardianship document's specifying the date of appointment.

Box #4:

- **Clinical Home Agency**: Enter the provider agency serving as the clinical home for the individual. *Clinical home* is defined as the responsible service provider for person-centered plan development and implementation.
- **First Responder Contact**: Enter the name of the individual if possible, within the clinical home agency responsible for ensuring first response in case of emergency. If one person is not designated, enter "on-call person" or other appropriate designation.
- **First Responder Work Phone**: Enter the work telephone number of the individual/on-call person responsible for ensuring first response in case of emergency. Designate if after hours number.
- **First Responder Cell Phone**: Enter the cell telephone of the individual/on-call person responsible for ensuring first response in case of emergency. Designate if after hours number.
- **First Responder Pager**: Enter the pager number of the individual/on-call person responsible for ensuring first response in case of emergency. Designate if after hours number.

Type of Plan (check all that apply on page 1):

- Check **Initial Person-Centered Plan** if this is the first plan developed for the person using this document.
  - √ For a new person entering the system, the person-centered plan is due within thirty days of contact.
  - √ For a person currently receiving services, this planning document must be used when the existing service plan is next due for review.
  - √ An existing service plan or a person-centered plan must be reviewed when the individual's needs change, on or before assigned target dates (not to exceed 12 months), and/or when a provider changes.
- Check **Update/Revision** if this is an update/revision to a previous person-centered plan using this format. Enter the date of the update/revision.
  - √ Plans must be reviewed and updated/revised by the person responsible for the plan/clinical home and the individual/family/legally responsible party:
    - When the individual's needs change
    - On or before assigned target dates (not to exceed 12 months)
    - When a service provider changes
- Check **Update/Revision, including annual review of Medical Necessity** if this is the annual review of medical necessity/re-ordering of all services. Enter the date.
  - √ **For Medicaid funded services**, the date the initial plan is signed by the appropriate professional confirming medical necessity and ordering services is the date on which the annual review is based.
  - √ **For state funded services**, the date the initial plan is signed by either the licensed professional per Medicaid requirements OR the person responsible for the plan/clinical home is the date on which the annual review is based.

PAGE 2: Participants Involved in Initial Plan Development

For all individuals receiving services, it is important to include people who are important in the person's life such as family, legal guardian, professionals, friends and others identified by the individual/family (i.e. employers, teachers, faith leaders, etc.) in the planning process. These individuals can be essential to the planning process and help drive its success. The individual and/or the legally responsible person identify who will participate in the planning process, how and to what extent.

Use additional copies of this page if needed to enter information about all participants.

For each person involved in Plan development, record the following:

Name: Enter the name of the individual participating and providing any form of input into the development of the plan.

Relation/Agency: Enter the relationship and agency, if applicable, of each participant.

Role: Check the box or boxes that define each participant's involvement in Plan development.

Other individuals that I or my family would like to be part of my planning process now or in the future: List the names of individuals the person and/or family requests to participate in future planning processes.

IMPORTANT Before proceeding to the next sections, please read the following information:

One of the essential concepts within person-centered thinking is that of understanding the balance between what is "**Important TO"** and **"Important FOR"** the person/family to whom the plan belongs. This skill is critically important not only in the following interview processes, but throughout the complete planning process.

The balance:

The idea of the balance between what is 'important to' and what is 'important for' a person/family is natural to everyone. No one has a life in which everything that is 'important to' themselves is received. No one pays perfect attention to everything that is 'important for' themselves. Everyone strives for a balance between them. Learning what is 'important to' and what is 'important for' must come before finding a balance between them.[3]

What does this mean?

What is **'important to'** a person/family includes only what that person is 'saying':

- With their words.
- With their behavior.

Many people/families have lived in circumstances where they were expected to say what others wanted them to say. If a person is saying what they think we want to hear, it is important to 'listen' to their behavior to help decide what is really being said.

What is **'important for'** people/families includes those things that need to be kept in mind for people/families regarding:

- Issues of health or safety.
- What others see as important for the person to be a valued member of their community (in relationships, school, work, etc.)[4]

Why do this?

Finding the balance between 'important to' and 'important for' is the fundamental person-centered thinking skill. People/families in the public service system may be in circumstances where others exercise control. What is 'important for' them is addressed while what is 'important to' them is ignored or seen as what is done when time permits.[5]

Please integrate the skill of finding the balance between "Important TO" and "Important FOR" throughout the planning process.

[3] *Essential Lifestyle Planning for Everyone* by Michael W. Smull and Helen Sanderson, 2005, Chapter 1, page 21
[4] Ibid, Chapter 1, page 20
[5] Ibid, Chapter 1, page 21

PAGE 3: Personal Interview

[Provide as necessary, language and/or deaf/hard of hearing interpreters for the individual/family as required per Administrative Rule 10A NCAC 27D .0303, Informed Consent]

- Include issues related to the person's environment, culture, ethnicity and race as appropriate.
- Provide Information as outlined in the prompts for each section; although the prompts should not be considered all inclusive.
- The individual to whom this plan belongs may complete this section of the plan if so desired. If not, staff will document as close as possible, the exact words shared.
  - √ For any person who may not use words to communicate, others who know and care about the person the most can assist in providing information for this section. This is information they know to be true from the individual's perspective.
- Critical elements to identify are those that describe what is important **TO** the person/family.
  - √ Issues that are important **TO** the individual/family must be recorded even if other people interviewed offer information that may conflict.
  - √ This plan belongs to the individual who will receive the services. This is his/her personal section and must be reserved to record only that information determined to be important by this person.
  - √ Often it is the people who know the individual the best (family, friends, providers) who identify what is important **FOR** the individual. That information should not be recorded here, but documented in the Family/Legally Responsible Person/Informal Supports and/or Service/Support Provider interview sections.
- **Sections to be completed**:
  - √ What has happened in my life this past year?
  - √ Long Term Goals
  - √ Strengths
  - √ Preferences
  - √ Needs
  - √ Supports
    - **Health and safety -** In order to protect a person's health, safety and, consequently the person's freedom, it is necessary to identify health and safety risk factors and to create supports and back up plans aimed at minimizing risk. Risk should be addressed by helping a person look at ways to be safe within the choices made.
    - **Health and Wellness –** Overall healthcare and wellness issues should be addressed here.
    - Include information here that is needed to complete the crisis plan.

Note: Add/revise information whenever there is new information about this person. Sign your name (no initials) and date next to the new information, each time you add/revise.

PAGE 4: Family, Legally Responsible Person, Informal Supports Interview

- Include issues related to the person's environment, culture, ethnicity and race as appropriate.
- Information should be provided as outlined in the prompts for each section. The prompts should not be considered all inclusive.

- The legally responsible person may fill this out. Documentation on this page should reflect information given by the family member/s, guardian and informal supports providers participating in plan development.
- Critical elements to identify are what is important **TO** the person/family and what is important **FOR** the person/family.
  - √ Often it is the people who know the individual the best (family, friends, providers) who can most clearly identify what is important **FOR** the individual. These issues can be related to health and safety concerns including for example, medical, psychiatric, social, and/or behavioral issues,
- **Sections to be completed**:
  - √ What has happened in this person's life this past year?
  - √ Long Term Goals
  - √ Strengths
  - √ Preferences
  - √ Needs
  - √ Supports
    - **Health and safety -** In order to protect a person's health, safety and, consequently the person's freedom, it is necessary to identify health and safety risk factors and to create supports and back up plans aimed at minimizing risk. Risk should be addressed by helping a person look at ways to be safe within the choices made.
    - **Health and Wellness –** Overall healthcare and wellness issues should be addressed here.
    - Include information here that is needed to complete the crisis plan.

Note: Add/revise information whenever there is new information about this person. Sign your name (no initials) and date next to the new information, each time you add/revise.

PAGE 5: Service/Support Provider Interview

- Include issues related to the person's environment, culture, ethnicity and race as appropriate.
- Information should be provided as outlined in the prompts for each section. The prompts should not be considered all inclusive.
- The person responsible for the plan/clinical home should fill this out after talking with applicable providers. Documentation should reflect information given by the services and supports providers participating in plan development.
- **Sections to be completed** :
  - √ What has happened in this person's life this past year?
  - √ Long Term Goals
  - √ Strengths
  - √ Preferences
  - √ Needs
  - √ Supports
    - **Health and safety -** In order to protect a person's health, safety and, consequently, the person's freedom, it is necessary to identify health and safety risk factors and to create supports and back up plans aimed at minimizing risk. Risk should be addressed by helping a person look at ways to be safe within the choices made.
    - **Health and Wellness –** Overall healthcare and wellness issues should be addressed here.
    - Include information here that is needed to complete the crisis plan.

Note: Add/revise information whenever there is new information about this person. Sign your name (no initials) and date next to the new information, each time you add/revise.

PAGE 6: Summary of Assessments/Observations

For people new to the service system (first time entering publicly funded services), assessments and/or observations serve as the starting point for developing the person-centered plan. Diagnostic Assessment and the person-centered plan must be completed within thirty (30) days.

- **Assessments Completed**: List all relevant assessments completed for this individual, including medical and dental evaluations if applicable.
- **Issues to Address**: Enter areas to be addressed for the person as indicated in each completed assessment.
- **Last Date Completed**: Enter the most recent completion date for each assessment.
- **Approximate Due Date**: If re-assessment is recommended, enter the projected due date for the re-assessment. If re-assessment is not recommended, enter "N/A".
- **Additional Assessments Recommended**: Enter any additional assessments needed based on the information in each completed assessment.
- **Issues to Address**: Enter areas to be addressed by each additional assessment.
- **Approximate Due Date**: Enter the projected completion date for the assessment.
- **Date Completed**: Enter the date of the completed assessment.
- **Axis**: From the *Diagnostic and Statistical Manual of Mental Health Disorders IV* (DSM), enter the DSM code in the first column and the diagnosis in the second column and the date the diagnosis is made in the third column. (If there is more than one diagnosis for an Axis, the box will 'grow' to accommodate.)
- **Recommendations for Services/Supports from Assessments**: Use the information in each assessment to determine and enter the specific services, supports/interventions and treatment needed to achieve the desired outcome/s.
- **State/Medicaid/Health Choice**: Note whether the service to be used to achieve the outcome is Medicaid, Health Choice or State funded.
- **Frequency**: Indicate how often the service/support will be used to achieve the outcome.
- **Duration**: Indicate how long the service/support will be used to achieve the outcome.
- **Target Date**: Indicate the projected completion date for the service, support or treatment. Target dates may not exceed 12 months.
- **Symptoms and Observations of this Person**: Enter key symptoms and observations that will result in action plans.
  - √ **Symptoms** are indicators of disorders or disease that cause a decrease in the ability to fully participate in daily activities or impair the ability to achieve a maximum quality of life. They are determined by formal assessments.
  - √ **Observations** involve informally recognizing and noting some fact or occurrence that limits a person's functioning.

PAGES 7 and 8: Action Plan

- Potential service, support, intervention and/or treatment options to meet the goals and needs of the individual/family are identified and discussed in collaboration with professionals and other service providers in the publicly funded system of services.
- The individual/family/legally responsible person must be fully informed of the rationale, evidence and risks of specific service, support/intervention and treatment options in order to make responsible choices based on the options presented.
- Care should be taken to assure that purchased or funded supports do not take the place of natural supports and community resources when they are available and appropriate to the need.

- **Health and safety –** In order to protect a person's health, safety and consequently the person's freedom, it is necessary to identify his/her health and safety risk factors. These factors should be recorded in the interview sections of the plan. Ensure that supports and back up plans aimed at minimizing risk are addressed in the Action Plan, based on the information gathered. Risk should be addressed by helping a person look at ways to be safe within the choices made.
- **Long Range Outcome**: Based on the information gathered in the interviews, in measurable terms, state the goal the person/family desires to achieve within a year and/or into his/her future.
- **Where am I now in relation to this outcome?** Based on the information gathered in the interviews, briefly describe the person's current status, skills and abilities related to the identified long range outcome and the person's current level of participation related to this outcome.
- **Symptom/Observation #**: For each symptoms/observation that may prevent the person from achieving the Long Range Outcome, enter the following information: (These symptoms/observations should tie back to those noted at the bottom page 6.)
  - √ **Short Range Goal**: Enter a person-centered measurable objective needed to achieve the long range outcome based on the Preferences and Supports sections of the interviews and including the "What's important to and for me" information.
  - √ **Support/Intervention to Reach Goal**: Define the supports/interventions/services required to achieve the short range goal based on the Supports sections of the interviews.
  - √ **Who Will Provide Support/Intervention/Service?**: Identify the individual(s) who will be responsible for implementing and documenting the progress toward the goal. When the responsible person is a paid provider, indicate in this box the position of the person. When possible, include the name of that individual as well.
  - √ **Support/Service**: Identify the specific service/treatment to be used to address the goal and enter the frequency of that service.
  - √ **Target Date**: Enter the date the team projects the person can achieve this goal. A target date may never exceed 12 months.
  - √ **Reviewed Date**: Enter the date progress towards the goal is reviewed.
  - √ **Status Code**: Based on the progress review, enter the status code. **(Status Codes: R=Revised, O=Ongoing, A=Achieved, D=Discontinued)**
  - √ **Justification for Continuation/Discontinuation of Goal**: If a goal is not achieved at the time of review, provide information justifying the reason the team determines to either continue or discontinue the goal.
- Add additional copies of the Action Plan page as needed to address Long Range Outcomes, Symptom/Observation, etc.

PAGE 9 Crisis Prevention/Crisis Response

- A crisis plan includes supports/interventions aimed at preventing a crisis (proactive) and supports/interventions to employ if there is a crisis (reactive).
  - √ A proactive plan aims to prevent crises from occurring by identifying health and safety risks and strategies to *address them*.
  - √ A reactive plan aims to avoid diminished quality of life when crises occur by having a plan in place to respond.
- **Symptoms or behaviors that may trigger the onset of a crisis**:
  - √ Provide detailed information regarding known behaviors the person may demonstrate prior to going into crisis.
  - √ Include environmental factors that contribute to the onset of the crisis.

- √ Include information learned from previous episodes that may allow a crisis intervention response resulting in de-escalation or crisis diversion.
- √ Incorporate information gathered from the Personal Interview, the Family/Guardian/Informal Supports Interviews and from the Service/Support Provider Interviews.

- **Crisis prevention and early intervention strategies**:
  - √ Provide a detailed description of strategies that will be used to assist the person in avoiding a crisis. Strategies should be based on knowledge, information, and feedback from the person/family and other team members as well as strategies that have been effective in the past.
  - √ Incorporate information gathered from the Personal Interview, the Family/Guardian/Informal Supports Interviews and from the Service/Support Provider Interviews.
- **Strategies for crisis response and stabilization**:
  - √ Provide a detailed description of strategies to be implemented to help the person/family stabilize during a crisis. Strategies should be based on knowledge, information and feedback from the person/family and other team members as well as effective intervention strategies identified during previous crises.
  - √ Steps should focus first on natural and community supports, starting with the least restrictive interventions.
  - √ Incorporate information gathered from the Personal Interview, the Family/Guardian/Informal Supports Interviews and from the Service/Support Provider Interviews.
- **Specific recommendations if person arrives at the Crisis and Assessment Service**: List specific detailed information on how to relate and/or respond to this person/family at the point of contact. Incorporate information gathered from the Personal Interview, the Family/Guardian/Informal Supports Interviews and from the Service/Support Provider Interviews.
- **All Current Medications**
  - √ **Name**: List the name of every current medication prescribed for the person. (This includes psychiatric medications and all the other medications the person is taking.) Update and revise list of medications whenever there is a change so that in the event of a crisis the information is correct. (An update to the medication list alone will not constitute a revision to the plan.)
  - √ **Dose:** Enter the dosage of each medication.
  - √ **Frequency**: Enter the dosage frequency information as noted on the prescription.
  - √ **Date/Change**:
    - ➢ Enter the date of each initial prescription.
    - ➢ Enter the reason for the update/revision, i.e., new medication, terminated medication, new dose, new frequency, etc.
    - ➢ Enter the date for any update/revision to the list of medications whether it is the medication, dose, frequency or other that has changed.
- **Identify strategies for determining, after the crisis, what worked and what didn't and for making changes in the plan:**
  - √ After each crisis, provide information as processed and assessed by members of the planning team, regarding effective and ineffective strategies.
  - √ Make changes to the plan accordingly.

PAGE 10 Crisis Prevention/Crisis Response (Continuation)

Contact List:

- **First Responder**: Enter the name of the clinical home agency and if possible, the individual within the clinical home agency responsible for ensuring first response in case of emergency.
  - √ **First Responder Telephone**: Enter the telephone number of the first responder/clinical home responsible for ensuring first response in case of emergency. Designate if after hours number.
  - √ **Consent/Release of Information:** Indicate yes or no that legal consent to contact the first responder has been signed by the person or legally responsible party. *Legal consent must be in place for the agency/person to be designated as first responder.*
- **Legally Responsible Person**: Enter the name of the legally responsible person if applicable.
- **Legally Responsible Person**
  - √ When applied to an adult who has been adjudicated incompetent, this is a guardian;
  - √ When applied to a minor, a parent, guardian, a person standing *in loco parentis* (in the place of the parent when there is verified intent for this person to provide long-term care for the identified minor), or a legal custodian other than a parent who has been granted specific authority by law or in a custody order to consent for medical care, including psychiatric treatment;
  - √ When applied to an adult who is incapable as defined in G.S. 122C-72(c) and who has not been adjudicated incompetent, a health care agent named pursuant to a valid health care power of attorney as prescribed in Article 3 of Chapter 32 of the General Statutes. [NC G.S.122C-3 (20)]
- **Telephone:** Enter the telephone number where the legally responsible person can be reached
- **Natural/Community Supports**
  - √ **Name:** Enter the name(s) of the individual(s) providing natural/community supports to be contacted during a crisis.
  - √ **Telephone:** Enter the telephone number where the identified individuals providing natural/community supports can be reached.
  - √ **Consent/Release of Information:** Indicate yes or no that legal consent to contact the identified natural/community support has been signed by the person or legally responsible person. *Legal consent must be in place for the agency/person to be contacted during a crisis.*
- **Professional Supports**
  - √ **Name:** Enter the name of the psychiatrist or other professional providing care to the individual and designated to be contacted during a crisis.
    - ➢ **Telephone:** Enter the telephone number for the identified professional.
    - ➢ **Consent/Release of Information:** Indicate yes or no that legal consent to contact the professional has been signed by the person or legally responsible party. *Legal consent must be in place for the professional to be contacted during a crisis.*
  - √ **Primary Care Physician:** Enter the name of the physician responsible for the overall medical care of the person.
    - ➢ **Telephone:** Enter the telephone number for the identified primary care physician.
    - ➢ **Consent/Release of Information:** Indicate yes or no that legal consent to contact the primary care physician has been signed by the person or legally responsible person. *Legal consent must be in place for the physician to be contacted during a crisis.*

- √ **Preferred Psychiatric Inpatient or Respite Provider:** Enter the name of the preferred inpatient psychiatric facility or the crisis respite provider as identified by the team.
  - ➢ **Telephone:** Enter the telephone number for the psychiatric inpatient or respite provider.
  - ➢ **Consent/Release of Information:** Indicate yes or no that legal consent to contact the preferred psychiatrist inpatient or respite provider has been signed by the person or legally responsible party. *Legal consent must be in place for the provider to be contacted during a crisis.*

- **Other Professional Supports**
  - √ **Name:** Enter the name of the individual(s) providing other professional supports to be contacted during a crisis.
  - √ **Telephone:** Enter the telephone number of the individual(s) providing professional supports.
  - √ **Consent/Release of Information:** Indicate yes or no that legal consent to contact the other individuals providing professional supports has been signed by the person or legally responsible party. *Legal consent must be in place for these professionals to be contacted during a crisis.*
- **Advance Directives:** Enter *yes* or *no* to the existence of a living will, health care power of attorney or advance directives for mental health treatment. If the person has any of these, attach a copy. If the person does not have them, explain the options.
  - √ *Living Will* - All competent adults have the right to make decisions in advance about issues such as life support when it is clear that death is imminent or a state of coma becomes permanent. With a living will in place, the legally responsible party can make sure that the person's wishes are honored.
  - √ *Health Care Power of Attorney - A*lso known as a *durable power of attorney for health care*, this document can be helpful when the person is unable to make medical decisions for him/herself. It may also be referred to as a *health care proxy* or a *medical power of attorney*. It names someone who represents the person's wishes. Unlike the living will, which usually is limited to terminally ill patients, this document applies whenever the person is unable to make medical decisions.
  - √ *Advance Instruction for Mental Health Treatment* - [NC General Statute122C-72 (1)] *Advance instruction for mental health treatment* or *advance instruction* means a written instrument signed in the presence of two qualified witnesses who believe the person to be of sound mind at the time of the signing, and acknowledge that before a notary public. In this document, the person gives instructions, information, and preferences regarding mental health treatment.
- **Crisis Plan Distribution List:** Enter the names of all individuals/agencies receiving copies of the crisis plan. There must be consent/release of information signed for each person listed.

PAGE 11 Comments and Signatures

- **Person and/or Legally Responsible Party Comments or Concerns on the Plan.** The outcome of the planning process is intended to be consensus on the plan. A consensus implies that debate has taken place and that the plan is generally accepted.
  - √ If the person/legally responsible party has comments or concerns with regard to the plan, they should be noted here.
  - √ If comments or concerns are noted, enter the steps to address the concerns here.
- **<u>Signatures</u>**
  - √ **For Medical Necessity of Medicaid funded services:**

- **A Licensed physician, licensed psychologist, licensed physician's assistant or licensed family nurse practitioner** must sign the plan indicating that requested services are medically necessary.
- This signature and the date of the signature are REQUIRED.
- The signature serves as the Service Order for services contained in the Person-Centered Plan.
- Enter the date before or on which the annual review of medical necessity is due.

√ **For Medical Necessity of state funded services:**

- It is RECOMMENDED that a **licensed physician, licensed psychologist, licensed physician's assistant or licensed family nurse practitioner** sign the plan indicating that requested services are medically necessary. This will prevent the possibility of services being provided without a service order should the individual move from State-funded services to Medicaid.
- If a licensed professional listed above does NOT confirm medical necessity, it is then REQUIRED that the **person responsible for the plan/clinical home** sign the person-centered plan **in the third box on the Signature page,** confirming that medical necessity criteria is met for the services included in the plan.
- One of these signatures and the date of the signature are REQUIRED.
- The signature serves as the Service Order for state-funded services contained in the Person-Centered Plan.
- Enter the date before or on which the annual review of medical necessity is due.

√ **Signature of person receiving services:**

- The person receiving services is required to sign and date the plan indicating confirmation and agreement with the services and supports detailed in the plan and confirmation of choice of service provider(s) *if the individual is his/her own legally responsible party*.
- All individuals are highly encouraged to sign their own plans.
- A minor may and/or must sign the plan under the following conditions:

  a. If the minor is receiving mental health services as allowed in NC General Statute 90-21, the minor's signature on the plan is sufficient. However, once the legally responsible person becomes involved, the legally responsible person shall also sign the plan.

     For minors receiving outpatient substance abuse services, the plan shall include both the staff and the child or adolescent's signatures demonstrating the involvement of all parties in the development of the plan and the child or adolescent's consent/agreement to the plan. Consistent with North Carolina law (NC General Statute 90-21.5), the plan may be implemented without parental consent when services are provided under the direction and supervision of a physician. When services are not provided under the direction and supervision of a physician, the plan shall also require the signature of the parent or guardian of the child or adolescent demonstrating the involvement of the parent or guardian in the development of the plan and the parent's or guardian's consent/agreement to the plan.

  b. For an emergency admission to a 24-hour facility, per NC General Statute 122C- 223(a), "in an emergency situation when the legally responsible person does not appear with the minor to apply for admission, a minor who is mentally ill or a substance abuser and in need of treatment may be admitted to a 24-hour facility upon his own

application." In this case, the minor's signature on the plan would be sufficient.

c. For an emergency admission to a 24-hour facility, per NC General Statute 122C-223(b), "within 24 hours of admission, the facility shall notify the legally responsible person of the admission unless notification is impossible due to an inability to identify, to locate, or to contact him after all reasonable means to establish contact have been attempted." Once contacted, the legally responsible person is required to sign the plan.

d. For an emergency admission to a 24-hour facility, per NC General Statute 122C-223(c), "If the legally responsible person cannot be located within 72 hours of admission, the responsible professional shall initiate proceedings for juvenile protective services." In this case, the individual designated from juvenile protective services shall sign the plan.

NOTE: For minors receiving substance abuse services in a non-emergency admission to a 24-hour facility, both the legally responsible person and the minor are required to sign the plan.

NOTE: Within Substance Abuse Non-Medical Community Residential Treatment, Residential Recovery Programs for women and children the Person-Centered Plan shall also include goals for the parent-child interaction.

√ **Legally Responsible Person:** The legally responsible person, if not the person receiving services, signs and dates the plan confirming involvement and agreement with the services and supports detailed in the plan. This signature is REQUIRED.

√ **Person Responsible for Plan:**

- The qualified professional representing the person's *clinical home* and responsible for the plan development signs and dates the plan confirming involvement and agreement with the services and supports detailed in the plan. This signature is REQUIRED.
- If state-funded services were not ordered/medical necessity not confirmed per the recommended Medicaid requirement above, the qualified professional representing the person's *clinical home* signature will also constitute the service order and is REQUIRED.
- If the Personal Responsible for the Plan has ordered state-funded service(s), enter the date that the Annual Review of medical necessity and re-ordering of State-funded services is due.

√ **Other Team Members:** Other team members have the option to sign and date the plan confirming participation and agreement with the services and supports detailed in the plan. Participation is defined on page 2, *Participants Involved in Plan Development*.

NOTES:

1. **The date that the person/legally responsible party and the person responsible for the plan/clinical home sign the plan is the effective date of the person-centered plan. If not signed on the same date, the latest date indicated is the effective date of the plan.**
2. **If the legally responsible party is not available to sign the plan, an explanation and verification of efforts to obtain the signature must be documented in the service record. The signature must be obtained at the earliest possible date, but the plan will be considered valid while the documented effort takes place.**

PAGE 12 Plan Update/Revision Requests

- Check and date one or both boxes: **Plan Update/Revision and/or Annual Review of Medical Necessity**
  - √ **Plan Update/Revision – Date:** Check this box if this is an update/revision to a previous person-centered plan using this format. Enter the date.
  - √ **Annual Review of Medical Necessity – Date:** Check this box if this is the annual review of medical necessity for Medicaid or State funded services. Enter the date.
  - √ **Check both boxes** if this is an update/revision to a previous person-centered plan using this format AND the annual review of medical necessity. Enter the date.
- **Long Range Outcome**: In measurable terms, state the person-centered goal the individual desires to achieve within a year or into his/her future.
- **Where am I now in relation to this outcome?** Briefly describe the person's current status, skills and abilities related to the identified long range outcome and the person's current level of participation related to this outcome.
- **Symptom/Observation #**: For each symptom/observation that may prevent the person from achieving the Long Range Outcome, enter the following information: (These symptoms/observations should tie back to those noted at the bottom of page 6.)
  - √ **Short Range Goal**: Enter a person-centered measurable objective needed to achieve the long range outcome based on the Preferences and Supports sections of the interviews and including the "What's important to and for me" information.
  - √ **Support/Intervention to Reach Goal**: Define the supports/interventions/services required to achieve the short range goal based on the Supports sections of the interviews.
  - √ **Who Will Provide Support/Intervention/Service?**: Identify the individual(s) who will be responsible for implementing and documenting the progress toward the goal. When the responsible person is a paid provider, indicate the position of the person in this box. When possible, include the name of that individual as well.
  - √ **Support/Service**: Identify the specific service/treatment to be used to address the goal and enter the frequency of the service.
  - √ **Target Date**: Enter the date the team projects the person can achieve this goal. A target date may never exceed 12 months.
  - √ **Reviewed Date**: Enter the date progress towards the goal was reviewed.
  - √ **Status Code**: Based on the progress review, enter the status code. **(Status Codes: R=Revised, O=Ongoing, A=Achieved, D=Discontinued)**
  - √ **Justification for Continuation/Discontinuation of Goal**: If a goal is not achieved at the time of review, provide information justifying the reason the team determines to either continue or discontinue the goal.
- **Medication Changes:** Enter and date any changes, including the reason for the change, to medication on Page 9 / Crisis Prevention/Crisis Response page of this plan.
- Add additional copies of this page as needed to address Long Range Outcomes, Symptom/Observation.
- **Submit this Plan Update/Revision page and the Plan Update/Revision Signature page (page 13) with a NEW PAGE 1 as required to the identified service authorization agency.**

PAGE 13 Plan Update/Revision Signatures

- **Check boxes and enter date exactly as done on Page 12, Plan Update/Revision Requests**
- **For Medicaid funded services:**
  - √ **When the Update/Revision includes a *new service(s)***, a licensed physician, licensed psychologist, licensed physician's assistant or licensed family nurse practitioner must sign the Update/Revision indicating that requested service(s) are medically necessary. **The dated signature serves as the Service Order(s).**
  - √ **When the Update/Revision is the *Annual Review of Medical Necessity***, a licensed physician, licensed psychologist, licensed physician's assistant or licensed family nurse practitioner must sign the Update/Revision indicating that the services contained in the plan are medically necessary. **The dated signature serves as the annual review and the Service Order(s).**
  - √ This signature and the date of the signature are REQUIRED.
  - √ **Enter the date** on or before which the annual review of medical necessity is due.
- **For State funded services:**
  - √ **When the Update/Revision includes a *new service(s),*** it is RECOMMENDED that a licensed physician, licensed psychologist, licensed physician's assistant or licensed family nurse practitioner sign the Update/Revision indicating that the services contained in the plan are medically necessary. This signature serves as a Service Order and will prevent the possibility of services being provided without a service order should the individual move from State-funded services to Medicaid.
  - √ **When the Update/Revision is the *Annual Review of Medical Necessity***, it is RECOMMENDED that a licensed physician, licensed psychologist, licensed physician's assistant or licensed family nurse practitioner sign the Update/Revision indicating that the services contained in the plan are medically necessary. **The dated signature serves as the annual review and the Service Order(s).** It will prevent the possibility of services being provided without a service order should the individual move from State-funded services to Medicaid.
  - √ If the recommended signatures above are not obtained, it is REQUIRED that the **person responsible for the plan/clinical home** sign the Update/Revision indicating the medical necessity has been met and ordering the service(s). *[Note: The person responsible for the plan/clinical home must sign the update/revision even if the service(s) is ordered per the Medicaid requirement above. In this case, the signature confirms involvement and agreement with the services and supports detailed in the update/revision, but does not constitute the service order.]*
  - √ **Enter the date** on or before which the annual review of medical necessity is due.
- **Person Receiving Services:** The person receiving services is required to sign and date the updated/revised plan indicating confirmation and agreement with the services and supports detailed in the plan and confirmation of choice of service provider(s) *if the individual is his/her own legally responsible party*.
  - All individuals are highly encouraged to sign their own plans even when he/she is not his/her own legally responsible party.
  - A minor may and/or must sign the plan under the following conditions:
    a. Per NC General Statute 90-21.5, if the minor is receiving mental health services as allowed in this provision, the minor's signature on the plan is sufficient. However, once the legally responsible person becomes involved, the legally responsible person shall also sign the plan.

       For minors receiving outpatient substance abuse services, the plan shall include both the staff and the child or adolescent's signatures demonstrating the involvement of all parties in the development of the plan and the child or adolescent's consent/agreement to the plan.

Consistent with North Carolina law (NC General Statute 90-21.5), the plan may be implemented without parental consent when services are provided under the direction and supervision of a physician. When services are not provided under the direction and supervision of a physician, the plan shall also require the signature of the parent or guardian of the child or adolescent demonstrating the involvement of the parent or guardian in the development of the plan and the parent's or guardian's consent/agreement to the plan.

b. For an emergency admission to a 24-hour facility, per NC General Statute 122C- 223(a), "in an emergency situation when the legally responsible person does not appear with the minor to apply for admission, a minor who is mentally ill or a substance abuser and in need of treatment may be admitted to a 24-hour facility upon his own application." In this case, the minor's signature on the plan would be sufficient.

c. For an emergency admission to a 24-hour facility, per NC General Statute 122C-223(b), "within 24 hours of admission, the facility shall notify the legally responsible person of the admission unless notification is impossible due to an inability to identify, to locate, or to contact him after all reasonable means to establish contact have been attempted." Once contacted, the legally responsible person is required to sign the plan.

d. For an emergency admission to a 24-hour facility, per NC General Statute 122C-223(c), "If the legally responsible person cannot be located within 72 hours of admission, the responsible professional shall initiate proceedings for juvenile protective services." In this case, the individual designated from juvenile protective services shall sign the plan.

NOTE: For minors receiving substance abuse services in a non-emergency admission to a 24-hour facility, both the legally responsible person and the minor are required to sign the plan.

NOTE: Within Substance Abuse Non-Medical Community Residential Treatment, Residential Recovery Programs for women and children the PCP shall also include goals for the parent-child interaction.

√ **Legally Responsible Person:** The legally responsible person, if not the person receiving services, signs and dates the plan confirming involvement and agreement with the services and supports detailed in the plan. This signature is REQUIRED.

√ **Person Responsible for Plan:**

- The qualified professional representing the person's *clinical home* and responsible for the plan development signs and dates the update/revision confirming involvement and agreement with the services and supports detailed. This signature is REQUIRED.
- **For state-funded services**, if the update/revision includes new services or is the annual review of medical necessity/re-ordering of services AND the Medicaid recommended signatures were not obtained, the qualified professional representing the person's *clinical home* signature will also constitute the service order and is REQUIRED.

√ **Other Team Members:** Other team members have the option to sign and date the plan confirming participation and agreement with the services and supports detailed in the plan.

- **Submit this Plan Update/Revision Signature page and the Plan Update/Revision page (page 12) with a NEW PAGE 1 as required to the identified service authorization agency.**

NOTES:

1. **The date that the person /legally responsible party and the person responsible for the plan/clinical home sign the update/revision is the effective date of the person-centered plan update/revision. If not signed on the same date, the latest date indicated is the effective date.**
2. **If the legally responsible party is not available to sign the update/revision, an explanation and verification of efforts to obtain the signature must be documented in the service record. The signature must be obtained at the earliest possible date, but the update/revision will be considered valid while the documented effort takes place.**